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REMARKS ON THE PATHOLOGY OF DRUNKENNESS, WITH PARTICULAR REFERENCE TO DR. SEWALL'S PLATES.

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As the accuracy of Dr. Sewall's Plates, illustrating the morbid changes produced in the human stomach by alcoholic drinks, has been called in question, and as truth is most likely to be elicited by free discussion, I shall offer such considerations as some attention to the subject for several years past may suggest; premising that whatever statements are made, they are, for the most part, the result of my own personal observations. Before, however, proceeding to the main question, it may be remarked, that there are various circumstances which modify the effects of alcoholic drinks, not only in different individuals, but even in the same individual at different periods. For example, the susceptibility to the influence of poisonous agents, especially that of alcohol, as manifested by external signs, varies extremely in different persons; and there can be no doubt that there is a proportionate difference in the changes produced in the internal tissues with which it comes in contact, owing to the varied condition of vital power, which, in some, causes a far more successful resistance to noxious agents, than in others.

Considerable experience, moreover, is necessary to determine morbid changes in the mucous membrane of the stomach and bowels, and to distinguish them from such as are the result of accidental causes operating both before, and after death. Should death occur, from any cause, during the process of digestion, we shall be very certain to find the gastro-intestinal mucous membrane more or less injected, as if from inflammation. In cases of dissolution, from affections of the circulatory or respiratory apparatus, as organic disease of the heart, asphyxia from drowning, hanging or irrespirable gases, we shall generally find, on examination, an injection of the small vessels, in streaks, patches or points, with more or less opacity of the injected membrane, and in some instances, an effusion of blood in the sub-mucous cellular tissue, in the form of ecchymoses. In such cases the digestive mucous surface is tinged of a deep-red, sometimes a vermilion color, owing to the obstruction to the free return of blood to the heart. In the next place we are to consider that the mucous membrane may assume an appearance, which is readily mistaken

for disease, from causes which operate after death. Among these may be reckoned, as the principal,—1. The gravitation of the blood; and 2. Its transudation through the coats of the vessels. After death, it is well known, the blood gravitates to the most depending parts of the body, and continues to do so, until the animal temperature descends sufficiently low for coagulation to take place. Consequently, during the hottest season of the year, when the process of cooling goes on very slowly, and especially if the system abounds in blood, we may safely calculate to find the mucous membrane of the stomach and bowels more or less florid with blood, and more so, several hours after the extinction of life, than immediately after death. The appearances produced by this cause are called, by anatomists, injection by *hypostasis*.

Again, blood, as well as bile, urine, and other animal fluids, transudes through the coats of the vessels after death, the rapidity and degree of transudation being dependent on the external temperature, the nature of the disease, and the state of the blood, at the time of dissolution. This change is denoted by red spots which are seen in the course of the vessels, running into streaks or patches, and thence spreading, until the whole of the adjacent tissues or surfaces, as well as the vessels themselves, become uniformly tinged of a deep-red color.

Such are some of the causes which modify the appearance of the mucous surface of the digestive canal in health; there remain a few others, of minor importance, which will be mentioned hereafter. It may very naturally be supposed that if such difficulties exist, it will be next to impossible to distinguish between healthy and diseased structure; between changes produced by morbid action, and appearances which may result from causes above mentioned. And yet, in a large majority, no real difficulty will be found to exist, the morbid lesions being characterized by peculiar marks, not easily to be mistaken. There are, however, some cases, in which, were we to be guided solely by appearances, we might, perhaps, be led into error; but when, with these, we connect also the causes which were operating to produce them, the condition of vascular action and of vital power, with which it was associated, we shall, at least in a large majority of instances, be able to arrive at a correct conclusion. To apply this rule in the case before us, if we generally find in the stomach of the drunkard, or even the temperate drinker, certain morbid appearances, not generally met with in the total abstinent, we may justly infer that they are caused by the stimulant which is swallowed by the one and not by the other. It is not denied that occasionally, from the operation of accidental causes, such as those above mentioned, appearances may be observed in the stomach of the water-drinker, analogous to those seen in the drunkard; but this will be a rare occurrence, and attention to the marks of diseased action, hereafter to be described, will generally enable us to distinguish them.

Plate I. The Stomach in a Healthy State.

This plate is copied from Professor Horner's "Treatise on Pathological Anatomy." On comparing it with the original, I find it is some-

what more highly colored, but on the whole is as faithfully copied as could be expected, considering the extent to which it is magnified, and answers with sufficient exactness to the description of the morbid appearances, as given by Professor H., as follows. "The whole mucous coat of the stomach was of a crimson-lake color; more intense on the left half, subsiding gradually into a dull pearl, as it approached the pyloric orifice. The blood in the capillaries of the mucous coat which communicated this color, was seen very distinctly not to be in the slightest degree extravasated or ecchymosed; but was confined to the vessels of the villi, the number of which communicated the tinge; therefore, where they were less abundant, the color was less intense. When examined in detail, the color or tinge looked like what might be communicated to a surface by touching it, in innumerable places, with the point of the finest cambric needle dipped in blood."

The general appearances of a healthy gastro-intestinal mucous coat, were observed by Professor H. in four cases, as detailed in his work, viz.—1. Where death resulted from hæmorrhage after fasting; 2. In death from puncture of the medulla spinalis with a full stomach in life; 3. In sudden death, the stomach being empty; 4. In sudden death shortly after the introduction of food into the stomach. It may be remarked here, that the patient whose stomach formed the subject of the sketch, from which this plate is taken, died from rupture of the aorta, immediately after eating a hearty dinner, and was examined about five hours afterwards, when the temperature of the atmosphere was 85 deg. Fahr. This will account for its being more highly colored than either of the other three in Professor Horner's plate, two of which are of a bright brown color, without any decided tinge of red, and the third is of a light or pale rose tint, marbled with a pearly, yellowish white.

From the experiments of vivisection, as well as an examination of cases, where the interior of the human stomach has been subjected to ocular inspection in consequence of a fistulous opening (of which a case, precisely similar to that of St. Martin, is recorded in the French Physical Journal, Vol. LIII., page 156-7), we know that the mucous surface of a healthy stomach, during life, is of a red tint or pale pink, somewhat deeper than that of the lining membrane of the mouth of a healthy person; and that during digestion the color becomes heightened, from an increased afflux of blood, the secretions at the same time being much more copious. As a general rule, this injection of the vessels disappears after death, as it does also in erysipelas, scarlatina and tonsillitis, leaving the mucous surface of a pale, or yellowish-white color; though in many instances, especially during the earlier years, a slight rose-colored hue remains, either partially or uniformly diffused over the whole lining membrane of the stomach. But besides the circumstances already alluded to, which modify the degrees of color, may be mentioned the presence of gases, in the gastro-intestinal canal, either at the time of dissolution, or from subsequent development; the combination of the coloring matter of the bile, with portions of the mucous surface; the presence of medicinal ingesta, as infusions of log-wood, the tincture of cardamom, compound

spirits of lavender, and the ferruginous preparations. The nitrate of silver, also, if given for any great length of time, tinges the internal surface of the whole alimentary tube, and of the stomach, especially, of a gray slate color, similar to what is sometimes observed on the skin, under similar circumstances. After death from protracted diseases, particularly in children, we find the mucous surfaces of a very pale, or even a milky-white color, and I have already stated, that in cases of death from hanging, drowning, asphyxia from irrespirable gases, &c., the same parts are of a deep crimson, as I have repeatedly observed, and which was most strikingly witnessed in the cases of Gibbs and Walmsley, who were executed several years since for piracy. In cases of death from starvation from total want of food, the mucous membrane of the stomach is also found injected; though in protracted cases of abstinence giving rise to general anæmia, the same structure participates in the want of blood, and is unnaturally pallid. In animals, which have been kept for several days and then killed, I have frequently observed the stomach to be highly injected, amounting even to a vermilion hue. Age has also considerable influence on the color of the mucous membrane, it being more florid in youth, paler in the adult, though still presenting the rosy tint, while it assumes a pearly-white or grayish appearance in middle life, and merges into a cineritious aspect in old age. The quantity and quality of the food also modify the color of the mucous coat. For example, if two dogs be fed, the one with milk, and the other with concentrated animal broth, highly seasoned with salt and pepper, and killed an hour after, the gastric mucous membrane of the latter will be found more deeply injected and of a more florid hue than that of the former.

Now although it is very important for the pathologist to know the nature and the influence of these modifying causes, yet it is very evident that they cannot, and should not be taken into account, in presenting a pictorial representation of the appearance of a healthy stomach. What the pathologist aims to do, and all he can do, is to give a *type* of the healthy stomach, as found to exist in the large majority of cases; and this, I believe, Professor Horner has admirably accomplished in the plate which Dr. Sewall has copied into his work. It may indeed be said, that the artist has neglected to copy the rugæ, and the mottled, or beautifully marbled appearance which is presented in the original plate, and which may also be seen in the plate attached to Dr. Gross's Pathological Anatomy; but as the copy was not particularly designed for the purpose of instruction in pathological anatomy, although it answers this end to a very satisfactory degree, these minutæ, with respect to shades and coloring, have been omitted. Taking it, however, as it is, whether in the large or small plates, it must be admitted that it conveys to the mind a more correct and vivid representation of the healthy mucous membrane of the stomach, than any mere verbal description could do, and therefore fully answers the object for which it was designed.

Plate 1. Figure 2.—This figure is intended to represent the condition of the internal surface of the stomach of the temperate drinker. In color it is somewhat deeper than that of the former, but it differs from

it in the fact that the bloodvessels are distinctly visible, ramifying in every direction, and presenting an appearance as if they had been injected with red wax. In the language of Dr. Sewall, "that beautiful net-work of bloodvessels, which was invisible in the healthy stomach, being excited by the stimulus of alcohol, becomes dilated and distended with blood, visible and distinct. This effect is produced upon the well-known law of the animal economy, that an irritant, applied to a sensitive surface of the body, induces an increased flow of blood to the part. The mucous or inner coat of the stomach is a sensitive membrane, and is subject to this law." In these remarks I conceive that Dr. S. has truly set forth the fact, as it is, and the reason, or physiological law on which it rests. To gainsay it, it must be proved, that alcohol is not a stimulant or irritant to healthy tissues, or that bloodvessels do not become dilated from the application of irritants to membranes which they supply. That alcohol is a powerful local irritant, I need hardly undertake to show; and yet there are some who most absurdly deny that it must necessarily have such effect, if taken in moderation. It would be a waste of time to dispute about so vague and indefinite a matter as what is called moderate drinking; when the meaning of the phrase is distinctly defined, and the exact quantity beyond, or this side of which, the term would be inapplicable, has been fully settled, it will then be time enough to enter upon a discussion of that particular question. But as the greater necessarily includes the less, if it be shown that alcohol is a local irritant to whatever of the tissues it may be applied, then it follows that, other things being equal, the degree or amount of irritation will always be proportioned to the quantity employed. This is a rule of universal application. It is true in relation to the narcotic stimulants and some of the acrid mineral poisons, as arsenic, that life may suddenly be destroyed by the shock given to the nervous system, apart from any local irritant effect upon the mucous surface of the stomach: but we are speaking now of alcohol as generally employed as an article of drink. Is alcohol, then, a local irritant to the tissues of the animal body? It would seem that the simple experiment of holding a quantity of absolute alcohol, or even proof spirit, in the mouth for a few moments, would satisfy the most incredulous as to the real properties of this agent. The heat, smarting, and, if retained for a short time, burning sensation experienced in the lining membrane of the mouth and fauces, indicate its true character, viz., that of an acrid and even caustic stimulant, and if diluted with water, the stimulant impression will be proportioned to the degree of dilution. If a portion be swallowed by a healthy person, a distinct impression of warmth—a sensation of no very obscure kind—is felt in the stomach itself, an organ supplied chiefly by the organic nerves, whose function is to preside over digestion, secretion, &c., and not to convey impressions to the sensorium. Or, let a portion of alcohol be applied to the skin, the cuticle having been first removed, and if the usual effects of an irritant are not produced, then let it be set down as a bland and innocent agent. Fortunately, the case of St. Martin furnished Dr. Beaumont an opportunity of determining the true effects of alcohol upon the mucous mem-

brane of the stomach. After causing him to drink ardent spirits pretty freely for some days, Dr. B. found "some erythema (inflammation) and aphthous patches upon the mucous surface, which increased daily in extent and intensity, until they became livid; and blood, mixed with mucopurulent matter, exuded from the diseased surfaces." The gastric secretions, also, at the same time became deranged; and, what is worthy of particular note, the health continued good, and the patient complained of no uneasy or painful sensation. The free use of ardent spirits, wine, beer, or any alcoholic drink, when continued for some days, invariably produced these morbid changes. In the language of Dr. B., "these morbid changes and conditions were seldom indicated by any ordinary symptoms, or particular sensations, described or complained of, unless when in considerable excess. They could not, in fact, have been anticipated by any external symptoms, and their existence was only ascertained by actual, ocular demonstration."

We know, then, that alcohol, under every form, is a local irritant, and we are also well acquainted, by observation, with the effects of irritants upon the bloodvessels of mucous membranes, as well as the other tissues; viz., to cause their enlargement and consequent congestion. It is, however, worthy of particular note, that this congestion and florid hue of the mucous membrane of the stomach of the temperate drinker, will not always, or perhaps even generally, be found after death, for it is well known, as already remarked, that the minute vessels are often emptied of their contents soon after dissolution. The figure of Dr. Sewall, moreover, does not aim so much to represent the appearances *after death*, as *during life*, and most pathologists, I presume, will admit that this is done, in this plate, with sufficient accuracy. I would not be understood as saying, that such morbid changes are never met with in the stomach of the temperate drinker after death, but only that their absence does not disprove their existence during life. If I may be permitted to refer to the results of my own observations, gathered from a somewhat extensive practice for several years, among that class of patients who resort to dispensaries, during which I embraced every possible opportunity of making post-mortem examinations, I should say, that in a very large majority, say four-fifths, of those addicted to the use of alcoholic drinks, decided changes, both as to color and texture, could be detected in the gastric mucous membrane. In a very large proportion it was more or less softened, and in many to such a degree as to be readily broken down by the slightest friction. In more than half, as I find by looking over my case-book, the bloodvessels of the stomach appeared enlarged and injected. In a few instances I found the mucous coat almost entirely destroyed; a mere pulpy shred remaining, which could be removed with the finger nail with the greatest facility. It was not uncommon, among intemperate drinkers, to find the inner surface presenting a dark mottled appearance, the color varying from a dark brown, or livid, to a vermilion red. In a few cases, I found it of an ashy paleness, as if the bloodvessels had been corroded, or destroyed by the alcohol. In all cases of death from drinking too

much cold water when over heated, in intemperate subjects, the mucous membrane was found highly florid, and sometimes of a deep brick red.

I shall conclude my remarks on this plate, with the following quotation from a note which may be found in my edition of "*Bacchus*," page 323.—"The local effects of alcohol on man, vary with the strength of the liquid, the substances with which it is combined, the quantity taken, and the constitution of the patient. In all cases, it acts as a powerfully irritant and caustic poison. Wherever it is applied, it causes contraction and condensation of the tissues, and gives rise to pain, heat, redness and other symptoms of inflammation. These effects depend on the chemical influence of alcohol over the constituents of the tissues; for its strong affinity for water, causes it to abstract the latter from soft lining parts, with which it comes in contact; and when these are of an albuminous or fibrinous nature, it coagulates the liquid albumen and fibrin, and thus increases the density of the tissue. Dr. Thomson supposes that the irritation and inflammation set up in parts to which alcohol is applied, depend partly on the resistance which the living tissue makes to the chemical influence of the poison; in other words, that it is the reaction of the vital powers, brought about by the chemical action of alcohol. The first effects of alcohol, therefore, we find to be, a condensation and thickening of the coats of the stomach; but long-continued irritation and inflammation, cause complete disorganization, breaking down the tissues into a soft, pulpy mass, bearing no resemblance whatever to the original healthy membrane."

It seems to me entirely unnecessary to undertake a formal refutation of the opinions or arguments of those who reason from the effects of food to those of alcohol, and maintain that in moderation, both are equally necessary and useful. If food is really a *poison* in the same sense that alcohol is, it is really important that it should be known, and especially that the reasons for such an opinion should be given. For one, I do not think that those medical writers err, who assign alcohol a place in the *materia medica*, among the acrid narcotics; and while it stands there, the judgment of those may well be questioned, who plead for its habitual, albeit temperate use, as not only innocuous but absolutely beneficial, if not essential to our physical well-being.

[To be continued.]

DR. NORTH'S RETROSPECT OF MEDICAL PRACTICE AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, as you know, accumulated several manuscript volumes of medical cases in the treatment of invalids resorting to the Saratoga Fountains, I comply with your own suggestion and request, and forward you, for insertion in the Journal, such a number of these cases as may serve to keep those of your readers who may feel interested in the subject, informed of a portion of the professional mode of proceedings at the Springs. To the youthful practitioner, the pathology and treatment of chronic dis-

eases are too often matters of comparative indifference. He covets a succession of diseases which admit of simple comprehension and arrangement, and clear, rapid and unequivocal cures. In his preparatory studies his mind naturally and almost necessarily fixes on the investigation and removal of acute diseases. But as he progresses, he is compelled more and more to turn aside from his routine engagements and to listen to the groanings of protracted disease, till at length he comes to feel that the skilful detection and cure of chronic ailments must form his brightest claim to the gratitude of his employers and to the admiration of his brethren.

The composition and *modus operandi* of these waters are so well known to the medical profession, that the details of treatment at the Springs will probably be fully within their comprehension. Ordinary medicines, too, it will be seen, are frequently conjoined with the waters, either to qualify, co-operate or counteract. Baths, also, it is believed, will not fail to interest the general practitioner; and if he shall be induced to reconsider and settle more fully his opinions on their practicability and usefulness, even in his own expedients for the removal of disease, this article will not have been furnished in vain. Indeed, since residing by these springs, and witnessing the unequivocally happy effects of the hot, cool and shower baths, and reflecting on my own vague notions formerly, I have often wished I could be permitted to address to my medical brethren, either by personal interview, or through your pages, a lengthened communication limited expressly to the admirable resources that may be found in baths applied on correct principles. In the present paper the consideration of baths must be only incidental; as the selection of cases is made rather with a view to variety of diseases, patients, places of residence, &c., than to an illustration of particular remedies.

In the details of each case, the reader will perceive abundant proof of an entire disregard to method or exact construction; and, though apologies are usually awkward things, it should in justice be stated, that the rapid, condensed form of the original records, resulting from the very undesirable fact that a year's business must be compressed into a few weeks, seemed even more likely to convey an accurate impression of the true nature of each disease than to remodel and attempt to decorate a plain statement of the facts.

One word respecting the different springs spoken of in the present communication. The *Putnam*, or *New Congress*, is the strongest chalybeate spring in the village, and is prescribed in cases of great atony and feebleness. Next to this, in point of chalybeate power, is the *Pavilion Spring*, near the *Pavilion Hotel*. This water is also highly gaseous, and exhilarating as well as tonic. The *Old Congress* is probably next in its tonic effects, although no analysis has been published since it was reconstructed last year. Since that event it has recovered all its former favor. Its cathartic powers were never greater. The multitudes that resorted to it last summer fully attested their own appreciation of its restored excellence. The *Iodine Fountain*, having but one grain of iron in a gallon, is my favorite spring in cases of inflammatory tendency requiring a cathartic, deobstruent and alterative of a nature as little stimulating as possible.

The baths, it will be understood, are always of some mineral spring, unless expressly mentioned otherwise. Although much gas is thrown off by raising the bath to 100 deg., yet it has seemed certain to me, that there is some peculiar effect of these waters resulting from the carbonic acid which leaves the skin warm and dry, and which never results from sea water or the simple water bath.

Yours, very truly,

Saratoga, April 20, 1843.

M. L. NORTH.

CASE I. *Chronic Headache, nearly continuous, of a Neuralgic Character.*—Miss H. H. A., July 24, 1841, from one of our eastern cities. Age about 18. Full, healthy countenance, florid. A year ago last winter, catarrh. Had scarlet fever last spring. Not so well since. She had also, soon after, tic douloureux of the face, which was cured by iron, without relieving her headache. Headache increased by horizontal position. Great oppression in her head nights. She has some intervals of ease. Reading invariably brings on the pain. No marked fault of digestive apparatus, except costiveness. Tongue slightly furred. Pulse 84 and very soft. *Atonic cephalalgia.* *Directions.*—Three half-pints of Putnam's Congress before each meal. Also bath of mineral water every evening, at 100 deg.

July 27.—Pulse 84 and soft. Head rather improved. Sleeps well. *Directions.* Continue baths. Take four half-pints of Putnam's Congress before each meal.

August 1.—Very oostive, although she takes twelve tumblers daily. Pulse 80 and very soft. Confused feeling in head. Lost her recollection. "Crazy." As this probably arises from the coldness of her four tumblers of tonic medicine robbing the heart and arteries temporarily of their accustomed vigor, and thus depriving the brain of its energy, take four tumblers of Putnam's spring in the morning, and three before each meal, after its becoming warm in your room. Let the baths be from 106 to 110 deg., and continued daily.

August 13.—Bowels still inactive. No recurrence of vertigo and loss of recollection since she had the water warmed. Scarcely any headache since last date. Eyes still very weak. No increase of strength or appetite. Takes her baths very hot. Color increasing. Pulse 76 and no stronger. *Directions.*—R. Tinct. cinchona comp. $\mathfrak{z}$ i.; solut. arsenical. Fowler. $\mathfrak{z}$ j. M. Dose, $\mathfrak{z}$ j. before each meal. Continue baths and Putnam's Congress.

August 21.—Her aunt is so much satisfied with her improvement that she leaves on the 23d. Says she shall have hot baths constructed at home.

P. S. *July 25, 1842.*—Miss A. is here on an excursion of pleasure. Has had tolerable health since her visit last season. It will be perceived that the most probable agencies in the removal of Miss A.'s neuralgia were the strongly tonic and alterative effects of the water, without any cathartic operation, and the hot baths.

CASE II. *Lepros Vulgaris. Leprosy.*—*May 27, 1841.* W. A. Streeter, Dentist. Age, say 27. Has been afflicted several years with

white, branny, elevated circular patches of a squamous eruption. Inherited it from his mother. He has two children in whom the disease is already developed. Is taking the Pavilion water freely all day, without baths or any internal medicine.

July 31.—Soon after last date went to New York. The physicians there pronounced it "*western leprosy*." Since his return, and in his absence, he has taken the Pavilion water freely and no other remedy. His skin is now, and has been some time, perfectly free from the disease. His two children, whom I have not seen, he says are also entirely cured by the same spring.

CASE III. Fits for thirty Years. Many Bleedings. Dropsy of the Abdomen.—*June 9, 1841.* Moses Pressy. Age 49. Farmer. Has had "cramp convulsion" fits; usually several a year. Seldom recovers from one without being bled. The fits followed by mental derangement a week or ten days. His memory now quite impaired. For a year past has had dropsy of the abdomen, with which he was at one time confined four months, under the care of two physicians. Took digitalis, &c. Reduced him. Took drastic portions of jalap and cream of tartar. Operation powerful; yet no great relief. Was bled freely and frequently previous to January. Is very costive. Abdomen very full and hard. The integuments so thick as to yield little to pressure, and to render the sense of fluctuation at this time very obscure. Abdomen tender on pressure. Pulse 84 and hard. Skin moist. Appetite poor. No infiltration of cellular tissue. Urine nearly natural. *Directions.*—*R. Tart. antimonii, gr. vii; extract. glycyrr., 3j.; sem. carui, 3j.; vin. Madeiræ, 3ij. Misce.* Dose 3j. each night at bed-time. Take every morning, early, at the spring, four tumblers of Iodine water, each containing 3j. super tart. potassæ, in a state of effervescence. No more mineral water through the day. Abandon tea, and all hot fluids, and take small draughts of iced water when thirsty. Spare and particular diet.

10.—All favorable.

June 12.—Pulse 72 and much softer. Free evacuations. Face very pale. Feeble. Slight nausea. Appetite diminished. Omit the antimonial. Continue the Iodine water and cream of tartar, four tumblers each morning.

14.—Food sits more easily and relishes more. Tongue improved. So is the countenance. Stronger than two days ago. Pulse 64, and all hardness gone. Sleeps well. Proceed with the same.

16.—Bowels very loose. Eight or nine operations a day. No tenesmus nor pain. Portions of food have all along, and do yet, pass whole. Yet feels stronger and is rapidly growing hungry. Is sleepy day and night. Sleeps on left side, first time for five years. Not the least tenderness in pressing abdomen, which is very soft and diminishing. *Directions.*—Let the hyper-catharsis proceed and keep up the internal, local depletion. Used to chew one pound of tobacco every two weeks. Commenced entire abstinence from this yesterday.

22.—Some color of face. Bowels more quiet. Takes three times as much food as when he arrived. From one to three evacuations daily,

and more solid. No undigested portions of food in dejections. Pulse 72 and perfectly soft.

29.—Omit the cream of tartar, and take six tumblers of iodine each morning and one before dinner and tea.

July 3.—Is every way improving. His abdomen natural. Appetite great. Countenance healthy. Sleep good. Evacuations solid. He can walk freely.

In a letter which he addressed to a gentleman in this place soon after, he says—"I have not been as well in five years; have had no fits since I commenced the Iodine water, and can walk five miles without inconvenience."

CASE IV. *Bilious Complaints after Southern Fevers.*—August 16, 1841. S. A., from Conn. Age, say, 25. Has had a run of fever three summers in Georgia and Alabama. Last winter severe cough. Unwell ever since. Dyspepsia. Spits up his food. Tongue pasty. Pulse 54 and soft.

September 2.—Mr. A. has, with scarcely any variation, taken five tumblers of Iodine water early morning daily, and three before dinner and tea, and every second day a mineral bath at 110 deg. His recovery is very rapid, and he leaves to-day "well as any one."

CASE V. *Uterine Hemorrhage and Dropsy.*—Aug. 9, 1841. Mrs. R. I., Massachusetts. Age 45. In May last had four weeks of uninterrupted uterine hemorrhage. Since then some intermissions. Discharges accompanied with no pain. They are of all colors. General weakness. Legs, feet and body cedematous since May. Walking puts her out of breath. Side weak. Tongue smooth. Has acidity, flatulence, heart-burn. Pulse 74 and very soft. *Directions.*—Take one full gallon of Iodine Spring water in the course of each day. Mineral baths for twenty minutes every second morning at 98 deg.

12.—Has taken the full amount of water prescribed. No great inconvenience. About two alvine evacuations daily. Free diuresis. Feels stronger. Her limbs better. Pulse 74 and stronger. *Directions.*—Bathe daily at 100 deg., and continue the same amount of Iodine water.

24.—Has taken one gallon a day, and continued the baths. Alvine evacuations most copious and frequent. Is very weak. Bloating gone. Had a common, natural menstrual turn last week, accompanied by its usual pain, and rather sparing in quantity. Appetite good. Food sits easy. Pulse 80, soft. Sweats much in the bath and afterwards. *Directions.*—Omit iodine for the present, and take one tumbler of Pavilion water before each meal. Continue bath every second day at 100 deg.

September 3.—Mrs. I. is soon to leave. The bloating entirely gone for several days. Hungry. Sleeps well. No dyspnœa. Color of face good. Walks with ease. Improved every way.

Remarks.—1st. In atonic cases of dropsy there exists no objection to carrying the internal use of these bracing waters to a very liberal extent with a view to their operation both as a diuretic and a hydragogue cathartic. 2d. Hot baths, instead of increasing passive hemorrhage, may exalt the system from a state so feeble as to admit of a suspension of regular menstrual

efforts, to one in which this function occurs in a perfectly normal and healthy manner.

CASE VI. Chronic Rheumatism. Permanent Enlargement of the Joints.—July 15, 1841. T. J., Esq., Vermont. Age 55. Full habit. Sallow countenance. Seven years since had dyspeptic stomach. Could do no labor for three years. Then was in business till May, 1840, when pain, heat and lameness commenced in his left ankle. The ankle has remained enlarged and painful ever since. Till this form of his disorder, his complaints had been confined wholly to his stomach, which was very dyspeptic. The metastasis nearly removed his dyspepsia, there being no manifest fault of digestion except obstinate costiveness, and the necessity of a steady adherence to light diet.

From the left ankle the affection migrated to the left knee. Then to the spine, shoulder-blades, cords of the neck, both hands, and finally the right knee. The joints are all permanently enlarged, stiff and painful on motion. The left knee during three months last winter was exceedingly hot and painful, and is now enormously enlarged by thickening of the integuments outside the joint. Has taken morphine twice a day for three months. Long exposure to cold on the salt water, last autumn, greatly injured him. Cough through the winter. Pulse 92, quick, soft. In the absence of all proof that this inflammation is of an active or entonic character, Mr. J. is to take the waters and baths as tonics and stimulants. Take five tumblers of the Pavilion water, warmed by standing bottled over night in the room, each morning before breakfast, and one or two tumblers from the High Rock spring before dinner and tea. Bath of mineral water 96 deg. for twenty minutes every second day.

20.—Sweats freely in the bath. Is faint on leaving. Limbs less painful after the bath. At times joints hot. Evacuations from bowels and bladder free. Pulse 92. Has diminished his morphine one half. *Directions.*—Bath second day at 94 deg. for forty minutes. Continue waters internally.

27.—Stays in bath forty-five minutes. Can walk immediately after without crutch or cane, and now walks across the office with only a cane. To save life could not have borne his weight twelve days ago. Great diminution of pain and increase of flexibility for hours after the bath. Takes only one third his morphine. Pains much more gentle. His voice losing its huskiness, and countenance more florid and healthy. *Directions.*—Continue ali, and stay in the bath one hour at 96 deg.

August 2.—Has two loose evacuations daily. Appetite good. Thinks forty minutes in the bath better than sixty. Pulse 80 and soft. Only one quarter of his morphine. *Directions.*—Try bath at 102 deg., also continue the waters internally. Also R. Tinct. sanguinar., aquæ ammoniæ, aa ʒ j. Misce. Dose forty drops before each meal.

19.—Has continued his water, ammoniated tincture of bloodroot and baths to this day. Has no trouble at all about the bladder. Yesterday dressed and undressed without the aid of his servant. No pain of joints. Size of all rapidly diminishing. Can now wear ordinary shoes. Walks

freely and rapidly with his cane only, and scarcely limps. Intends to leave his crutch in Saratoga. Has wholly relinquished his morphine.

CASE VII. Chronic Inflammation of Liver.—July 1, 1841. S. W. P., from Canton, China. Age about 52. Was once very healthy. Been 14 years in China. The walls of houses very wet at Canton. Heat of summer exceedingly oppressive. It rains about sixty days in the spring, in succession, without sunshine. Had repeated attacks of "liver complaint." Once had mercurial ointment rubbed into his side fifty-six nights. No salivation. Had excessive cough. Finally went into extreme emaciation, and was supposed near his end. Went to Manilla, where an American physician covered his whole chest with tartar-emetic pustules. "Surface all raw." Was continued forty-five days. In three weeks perceived he should recover. Mr. P. is now troubled with asthma. Has fixed pain in his right side and shoulder. Eyes yellow. Costive. Tongue white. Appetite voracious. Oppression from food. Restless nights. Pulse 72, full and strong. His diathesis evidently antonic, which is probably increased by a very liberal use of hot potatoes of black tea morning and evening. *Directions.*—R. Mass. pil. hyd. 3j.; tart. antimonii, grs. iv. M. Ft. pilulæ, xvi. Take one each night. Take three tumblers Congress water, cold from the spring, each morning, and add sulphate magnesia sufficient to induce free watery stools daily. Mineral bath at 90 deg. every second day.

21.—Mr. P. has consulted me almost daily since first date, and the records were regularly made. The course was so uniform as not to need the details. The Congress water and salts, blue pill and tartrate of antimony, together with the bath at 90 deg., were steadily continued. The bath at 90 deg. proved refrigerant and depressing; and co-operated, in conjunction with Epsom salts, antimony, blue pill and vegetable diet, in keeping down the strong inflammatory tendency of his constitution. He expressed his full and distinct perception of daily amendment. The nameless annoyances of long-continued disease rapidly gave place to the happy sensations of convalescence. For ten years had never slept quietly till here. Now sleeps like a youth. Food is comfortable. Daily increase of flexibility in side and limbs. Breathing good. Walks easily. Appetite good. Has now the appearance of ordinary health. Leaves with a large supply of Congress water and pills.

[To be continued.]

REMARKABLE FRACTURE OF THE OS FRONTIS.

By Wm. Edward Coale, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I FIND in my note-book the record of this case, which, though of scarce any practical importance, is so remarkable as to deserve preservation.

The patient was in the Baltimore Almshouse when I saw him, six years ago, at which time the record was made. He had been a seaman, and, according to his own relation, about three years before I saw him,

while aloft, the bight of a falling rope struck him just on the eyebrows, knocking him senseless into the top. Both eyes were at once protruded upon the cheek. Nothing had been done for the injury either at the time it was received or subsequently. When I saw him the first thing evident was exophthalmia of both eyes, with very great thickening of the eyelids. The cornea of the right eye was not only perfectly opaque, but scarce distinguishable from the sclerotic, so greatly was the conjunctiva thickened. With the left eye the alteration was not so great, and he thought he could still discern a little glimmering of light. The decay of sight he said had been very gradual, and had doubtless been the effect of after inflammation from exposure, and not of tension of the nerve. Upon passing the finger down the forehead no superciliary ridge was felt, though this deficiency was not so obvious to the eye, looking at the face in profile, as there was much tumefaction about the eyelids, partially furnishing a soft covering for the eyeballs, apparently to compensate for their exposure. The fingers could, without any pain to the individual, be passed directly down until they came to the lower edge of the orbit, but as to the orbits themselves there were none. Each seemed to be closed by a smooth and regular plate of bone, so that the upper edge could not be defined, though the lower could, as at this part the plate receded from the margin of the socket about 3-16 of an inch. Passing the finger horizontally across, the bridge of the nose could be felt apparently unaffected, and externally it slid off to temporal fossa without meeting with anything peculiar—the sockets, as I have just said, being apparently completely closed up by a smooth plate of bone. The general health of the individual was good.

As to the precise nature of the injury, I had no clear conception at the time of examining the case as to what it might have been, and I do not know that I have now any more light upon it. My conjectures were that the frontal sinuses might have been large, the superciliary ridges prominent, and the rope striking downwards just across the eyebrows might have chipped off the anterior walls of the sinuses, leaving the posterior and the brain behind them perfectly intact. Absorption might subsequently have smoothed and rounded off these misplaced fragments, accommodated them to their new situation, and there united them firmly. I have stated the case, however, with sufficient detail to entitle any reader as much as myself to make speculation upon it.

Boston, April 26, 1843.

MEDICAL PRACTICE IN THE SOUTH WEST.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some months since being accidentally wounded by a rifle-ball in my thigh, I was confined in-doors for several weeks, during which time my attention was directed to the subject of medical practice in the South West; that is, its state and standing, its members and their mode of practice, charges, facilities of gaining or getting into business, statutory laws regulating the practice of medicine, and such other information as might

be thought of interest to the younger members of the healing art, who may yet have to carve out for themselves a professional name, and may perhaps find a field of labor in some part of this great western valley. You will recollect that all our physicians are from the northern and eastern schools—that five or six large States are without a medical school of any repute or standing. The New Orleans School of Medicine has as yet done but little, and still promises the like results. It was hoped that it would send forth its scores annually of well-educated, liberal and active physicians to bless the country; and not this country alone, but the young and rising republic of Texas was included in the view, as she was expected to draw her professional men from this quarter. Then it may be presumed that to all members of the profession wishing to change their field of labor, or those who are not yet settled in business, information on the above subject would not be entirely uninteresting. It is my purpose to be brief and rather desultory in my remarks. My observation has extended over but a small geographical space of country, the south-western part of the State of Mississippi; yet this may be taken as a fair view of the subject generally in this part of the country and west of the great father of waters.

In this letter we will take a glance at the character and standing of the medical profession; and I may safely say that it does not take that exalted stand or hold on the public mind, as in the Atlantic or older States. Its members are less respected, have less weight of character and less influence in the community. Various causes combine in producing this state of things. The members of the profession, as a whole, are not so well read and qualified, and this is owing to the limited means accessible to them, the too often neglect of books while engaged in practice, and ceasing to be students the moment they receive their diplomas. I am glad to say there are some honorable exceptions to the above remark, some who read, think and study daily, and keep pace with the improvements made in the profession. A large majority of practitioners here are comparatively young men. The constant and sudden changes made by removals and withdrawing from the ranks of active life, the changing character of the population, all serve to lessen the influence of the profession. But few remain practitioners after they have passed the meridian of life; just as soon as pecuniary and other circumstances will permit, they withdraw and give place to others. In this manner much talent, influence and professional skill and experience are lost to the profession and community, that should be exerted in ameliorating the physical sufferings of frail mortality, and sustaining the character and interests of the profession.

Another fruitful source of mischief to the profession is the entire want of legal regulation. No kind of qualifications are laid down as necessary, no fixed or uniform charges. Quacks of all and every description may impose upon the community with perfect freedom, and consequently there is no security, oftentimes, that the individual who sets himself up as *doctor* is anything more than a mere quack, an ignorant pretender in the science of medicine. How then can our profession gain influence, standing and character? We cannot look for it until great and essential

changes are effected in the community and in the profession ; not until a wide-spread reformation takes place in the habits, character and acquirements of its members ; not until those who commence the study and practice will hold out and pursue the course commenced until the close of life.

C. S. MAGOUN.

Woodville, Miss., April 8th, 1842.

(To be continued.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 3, 1843.

Addison Co., Vt., Medical Society.—Once or twice, in times past, reference has been made to the spirited exertions of this association, which far surpasses, we believe, in energetic action, any other medico-literary enterprise in Vermont. A constitution was adopted a short time since, and officers chosen for the year. Dr. J. A. Allen, of Middlebury, is President, and Dr. D. C. Goodale, of Addison, Secretary. The fee-table, adopted by the members, is one of considerable interest to the profession of that State, since it is probable that gentlemen in other counties may be influenced by it in constructing a tariff of charges. Uniformity of prices, so far as practicable, in any section of country, is exceedingly desirable—especially in medical practice. The following is the list of charges:—

For every visit of a physician, distance less than one half mile, 50 cts. ; over one half mile and under two miles \$1 ; over two and under four miles, \$1 50 ; over four and under six, \$2 50 ; over six and under eight, \$3 00 ; over eight and under ten, \$5 00. An addition of one dollar to the above prices for counsel. For accouchment, \$5 00 ; venesection, 25 cts. ; extracting teeth, each, 25 cts. ; advice and medicine at the office, 50 cts. In night calls the two first fees on the catalogue shall be doubled, and on the remainder an addition of fifty per cent. In surgery the charges shall be valued according to distances as above, and the fees as follows—For reducing dislocated humerus, \$2 00 ; do. do. femur, \$5 00. All others discretionary. For reducing fracture of femur, \$5 00 ; do. do. of leg, \$3 00 ; do. do. of arm, and fore-arm, \$2 00 ; do. compound fractures, \$5 00. For amputation of the lower limbs, \$20 00 ; do. superior limbs, \$15 00. Operation for trephining, \$15 00 ; for hernia, \$20 00 ; for tracheotomy, \$10 ; for strabismus, \$10 00 ; for cataract, \$20 00 ; rhinoplastic, \$25 00. Entropium and ectropium, \$10 00 ; harelip, \$10 00 ; paracentesis abdominis, \$5 00 ; do. thoracis, \$10 00 ; opening abscess—difficult situations, \$2 00 ; inserting setons, \$1 00.

Pereira's Elements of Materia Medica.—In our former observations on this admirable re-production of an English work, we may perhaps have done Messrs. Lea and Blanchard an unintentional injury by advancing the idea that the work had been condensed. By a careful revision it is satis-

factorily ascertained that we were mistaken on that point, and that the whole of the English edition is contained in the American. The compactness of the two volumes, *a priori*, led us to suppose that, being smaller than the foreign copies, the matter must have been considerably diminished. In this first impression we were strengthened by a bookseller of Boston, who was consulted upon the subject, and who now cheerfully acknowledges that the size, rather than any thing else, influenced him in supposing, at first sight, that it had undergone some alteration of the kind alluded to in the notice. Lastly, the omission of a few unimportant wood engravings seemed like a confirmation that the text had been pruned a little. However, these remarks have only afforded us a good opportunity of again urging upon the profession the importance of possessing this exceedingly valuable production—fitted precisely to the wants of the American practitioner, by the industry, tact and scientific accuracy of Dr. Carson, of Philadelphia.

New York Hospital.—Another of those wonderfully complete annual reports of the hospital and Bloomingdale Asylum, for 1842, is before the public. In the hospital, in 1842, were one thousand nine hundred and thirty-six inmates—which, with those already under treatment, Dec. 31, 1841, makes a grand total of 2116 persons who received the benefits of the institution in 1842. Income in that time, \$33,552 86. Outgo, \$34,747 72. Excess of expenditures over receipts, \$1,194 86. In the Lunatic Asylum, there were remaining, Dec. 31, 110 patients. The income last year was \$39,393 17. Outgo, \$41,176 80—being \$1,783 63 more than there was money to pay. Doubtless the directors intend to meet this deficit by appealing to the well known liberality of the New York public. Dr. William Wilson is the resident physician, whose report will hereafter receive further attention.

Progress of Medical Science.—At the twelfth meeting of the British Association for the Advancement of Science, papers were communicated on the following subjects. On the construction and application of instruments used in auscultation, by Prof. Williams. On the influence of the coronary circulation on the heart's action, by J. E. Erichsen. On some of the peculiarities of circulation of blood in the liver, by A. Shaw. On the therapeutic application of air-tight fabrics, by Prof. Williams. On the relation of the season of birth, to the mortality of children under two years of age, and on the probable duration of life as it is affected by the month of birth solely, and by the months of birth and death conjointly, by Mr. Catlon. On a general law of vital periodicity, by Dr. Laycock. On the uses of the muscular fibres of the bronchial tubes, by Dr. James Carson, Jr. On a case of asphyxia, which occurred in the operation for clearing the wreck of the Royal George, by Dr. Richardson.

Homœopathia and Allopathia.—The following piece of intelligence has been going the rounds for some time. It would be extremely gratifying to ascertain directly from Dr. Humphreys, if the statement is true. Should this note happen to fall under his eye, he would confer a favor by furnishing the facts from the prison records. "These two systems of medicine—

Homœopathia against the old practice, have been tested in the Auburn prison, and according to E. Humphreys, late physician to the prison, the former has taken the palm. Under the homœopathic treatment for seven months, not a single death occurred, and the amount expended for medicine was \$71.62. Under the allopathic, or present treatment for four months, seven persons died, and \$283.52 were expended for medicine."

Travelling Editorials.—We mentioned, a few weeks since, that Dr. Drake, of the Louisville Medical School, and one of the Editors of the Western Medical Journal, had started on an extensive tour through the western country for scientific observation and research. From the last No. of the Journal we copy the following notes from his pen, forwarded from New Orleans under date of March 10.

"*Winter and Spring Visits of Invalids to New Orleans.*—It is difficult to understand why physicians will advise their patients with pulmonary disease to come into Louisiana in the winter and early spring. Nothing in general could be more exceptionable. It is nearly a month since we entered the limits of this State, during which there have, it is true, been a few fair days, but with one exception they were too cold for the valetudinary. The dampness of the atmosphere, through the months of February and March, is so great as to render it injurious to all who labor under pulmonary disease, and the exposures on a winter voyage are such as no invalid ought to suffer. They who seek a milder climate should do so in November, and continue in it till after the vernal equinox.

"*Winter Temperature of the Mississippi.*—The surface temperature of the Mississippi, from the mouth of the Ohio to the Balize, we found to be, during February, from 34 to 44 deg. of Fah. Difference of latitude about 8 deg.—general course of the river south. Thus a degree of latitude raises the heat of the river a degree and a quarter. But the effect is not wholly ascribable to change of climate, but likewise to change of altitude; though the influence of the latter must be less than that of the former, as it does not, probably, exceed 250 feet; or about 30 feet to the degree of latitude. The discharge, for three months, of so great a volume of cold water into the Gulf, must exert an influence on its temperature, which might be ascertained by a sufficient number of observations. We have as yet had opportunity to make a few only. In the 'S. W. Pass,' beyond the bar, and within the geographical limits of the Gulf, we found the turbid and saltless river water to be 44 deg., while at the depth of between 50 and 60 feet, where the water was nearly transparent, and decidedly salt, the heat was 51 deg. On one side of the fresh water, where the appearance was somewhat turbid and the taste brackish, the heat was 53 deg., and a little beyond, in the green and salt water, it was 56 and 57 deg.

"*Medical College of Louisiana.*—We have made one visit to this institution. Beginning its session later in autumn than the other schools of the Union, on account of the occasional prevalence of yellow fever in November, the lectures continue through the month of March. We regret to say, however, that many of the pupils start home at the end of February. The number of the present session is, we understand, about 35, which is an advance upon preceding years. They are principally from this State, Alabama and Mississippi. The lectures are delivered in a

rented house, but the Professors have begun the creation of a fund for the erection of an appropriate edifice. Neither the State nor the city has done anything for the institution. Its Professors are seven in number, who deliver from four to five lectures daily. The opportunities for practical anatomy are ample. The tickets of the Professors are twenty dollars each. It must be admitted that this school, in the number of its pupils, has fallen short of the expectations under which it was established; but we have not had an opportunity of investigating the causes which have retarded its growth, and which, it is to be hoped, may ere long be removed.

"Death of Tiger-Tail.—In two visits to the New Orleans Barracks, the head quarters of Brig. Gen. Arbuckle, we saw the Seminole Chief Tiger-Tail, on a sick-bed. We were surprised to find him capable of conversing with us, but were told that before the war commenced, he had spent a year in the family of Gov. Duval, of Florida. At the times of our visits the captive warrior labored under a fever, with cough, and a leg more or less swollen and inflamed from accidental injury. By auscultating his naked and weather-beaten chest we heard, what few perhaps had ever heard, the palpitations of his savage but patriotic heart. Gen. Arbuckle, and the skilful surgeon of the post, Dr. Randall, were anxious that he should receive the treatment which his case required; but he preferred his own physician, under whose incantations he expired a few days since. Since that time his surrendered countrymen have been sent on to Fort Gibson."

Wilson on Diseases of the Skin.—A treatise on the diagnosis, pathology and treatment of the skin, arranged according to a natural system of classification, and an outline of the anatomy and physiology of the skin, by Erasmus Wilson, of London, has recently been re-published in Philadelphia, by Lea & Blanchard, and will be further noticed hereafter.

President of the College of Physicians and Surgeons, New York.—An error, which we copied from a New York paper, was made last week in the name of the gentleman who was recently elected President of the College, in place of Dr. Smith who resigned. It should have been Dr. A. H. Stevens instead of Dr. Manly.

TO CORRESPONDENTS.—The length of some of the articles in this day's Journal has prevented the insertion of several communications, already acknowledged.

MARRIED.—In Boston, Dr. Edgar Hunt to Miss Helen Gove.—In Charlestown, Dr. Benjamin Seabury to Mrs. Mary Aborn.

DIED.—At Saugus, Mass., Dr. Abijah Cheever, 84—a surgeon of the revolutionary army.—At Vicksburg, Miss., Dr. James R. Putnam, formerly of Newburyport, Mass.

Number of deaths in Boston, for the week ending April 29, 35.—Males, 19; Females, 10, Stillborn, 2. Of consumption, 12—scarlet fever, 2—quinsy, 1—fits, 2—old age, 2—peritonitis, 2—hooping cough, 1—brain fever, 1—droopy, 3—marasmus, 1—infantile, 3—teething, 1—croup, 1—debility, 1—lung fever, 1—tumor, 1.

Under 5 years, 12—between 5 and 20 years, 4—between 20 and 60 years, 15—over 60 years, 4.

Improved Treatment of Hydrocele.—It need scarcely be called to mind that in the operation for hydrocele, after the serum has been discharged through the canula of the trocar, it is usual to inject an irritating fluid in order to induce an adhesive inflammation in the parietes of the tunica vaginalis. The inflammation somewhat subsides after about the fifth day; but a month commonly elapses before the whole quantity of the injected fluid is absorbed and a cure effected. On this somewhat tedious course of practice M. Lisfranc has made the following improvement:—On the sixth day, after the use of a vinous injection, he makes a second puncture, for the purpose of emptying the tunica vaginalis of all the accumulated liquid, thus sparing nature the task of its absorption; and by these means he alleges that a cure can be completed in less than half the time occupied by the usual method.—*Bulletin de Thérapeutique.*

White Swellings.—M. Malgaigne, in a short memoir lately published at Paris on the treatment of white swellings, announces them to be a species of subacute inflammation, seldom or never amounting to suppuration; and he recommends for cure a complete and absolute state of rest for the limb, to be effected by means of bandages and inclined planes, so contrived as by slow degrees to restore it to its natural position, but wholly unaccompanied by either topical or internal medicines, which he looks upon as interfering with the course of nature.—*Journ. de Chirurgie.*

Leucorrhœal Metastasis.—Dr. Ottani, of Ravenna, in a paper comprised in one of the Italian medical journals, cites the following case of metastasis of a leucorrhœal flux from the vagina to the umbilical region. A married lady, aged thirty, and the mother of one child, being affected with leucorrhœa, was prescribed the internal use of sulphate of iron, with calomel and hemlock, as an alterative, with injections, per vaginam, of a solution of sulphate of zinc; and by these means the discharge was soon stopped. But some time afterwards the patient experienced a general sensation of restlessness and discomfort, as well as mental depression and melancholy, and shortly after these indications she was seized in the night with acute pain in the hypogastric region, accompanied by nausea and retching; pulse small, wiry, and only occasionally perceptible; eyes surrounded with a livid circle; tongue dry, and sunk in the mouth; thirst intense; skin somewhat cold, and forehead covered with cold glutinous perspiration; and furious delirium. Notwithstanding the acuteness of the abdominal pains, no meteorism was present. The chief remedial agents employed at the time were castor oil and emollient fomentations; but in spite of these the malady continued unabated, and in the morning a dirty yellow matter, similar to the leucorrhœal fluid, began to flow pretty copiously from a considerable number of points immediately around the navel; and this metastatic discharge continued for upwards of a month, at the close of which the patient recovered, simultaneously with the re-establishment of the flux in its original seat.—*Lon. Lancet.*

Just published, in London, the first Number of the British Quarterly Journal of Dental Surgery. Edited by James Robinson, Esq. Containing a Review of Dental Surgery; Necessity of a Society of Surgeon-Dentists; Report to the Académie des Sciences on a Memoir by Mr. Nasmyth, &c.